assender complete this section Docum	COMPLETE THIS SECTION ON DELIVERY Page 1 of
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Article Addressed to: Brack City Clerk Brack City Clerk P.O. Box 1111 Montagramy M 36101-1111 	A. Signature X
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Transfer from service label) 7 0 0 7	4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004